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Recipients of a Parents Supporting Parents Program: Commonalities and Concerns

Joyce Derhammer
Grand Valley State University

RECIPIENTS OF A PARENTS SUPPORTING PARENTS PROGRAM: COMMONALITIES AND CONCERNS

By

Joyce Derhammer

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To Dave, Kristina, Kimberlee, Teresa, and Stacy,

You are all my source of encouragement and hope.

Thank you.

ABSTRACT

This descriptive study was one component of a research project conducted at a large medical center in the midwest. The purpose of this study was to identify common characteristics and perceived concerns, with their relationships, of a population of parents who had received a volunteer parents supporting parents (P.S.P.) service. This service was offered to new parents in an attempt to increase the potential for positive parenting.

Common characteristics found in this group of P.S.P. recipients were: married, first baby, mid-twenties in age, mentally and physically healthy with positive feelings about their own parents, their labor and delivery, and this baby. A number of common maternal characteristics were identified. Thirty-one potential post-natal concerns ranked in order of greatest to least importance showed that 13 of the top 17 were concerns about the infant. Statistically significant correlations were discovered between age of the infant and mothers' concerns, mothers' education and concerns regarding infant care, perceptions of infant temperament and adjustment to motherhood, and an unexpected correlation between length of residence in the city and concerns. Data from this study may be used to plan future services which will address parental concerns within a framework consistent with clients' characteristics.

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CHAPTER I

INTRODUCTION

This descriptive study was one component of a larger research project conducted at Blodgett Memorial Medical Center, Grand Rapids, Michigan. The purpose of the larger research project was to investigate the effectiveness of a volunteer parent support service, Parents Supporting Parents (P.S.P.). This program, initiated in 1982, had served approximately 120 families by September, 1984. The objectives of the P.S.P. program were: (1) to match new parents accepting the program with a parent volunteer who would provide a supportive relationship through home visits and/or telephone contacts; (2) to provide the new families with information on early childhood growth and development and to facilitate parent/child interaction for optimum nurture for the purpose of (a) increasing parent confidence, (b) increasing self esteem, and (c) increasing self-efficiency.

The purpose of this component of the study was to obtain descriptive information on the approximately 120 parents who received the Parents Supporting Parents Program from September,

1983, through September, 1984. This research was an attempt to determine if the P.S.P. recipients had some common characteristics and/or common concerns. Two questionnaires were used: (1) a Family Profile, and (2) a Concerns Profile. The research was conducted in the hopes of improving services offered by the P.S.P. Program. If common characteristics and concerns could be identified, then services could be planned to address these concerns within a framework consistent with the clients' characteristics.

BACKGROUND INFORMATION

The Suspected Child Abuse and Neglect (SCAN) Committee at Blodgett Memorial Medical Center (BMMC) had met monthly for eight years reviewing cases, establishing protocols, educating nurses and physicians, coordinating follow-up, and generally improving the identification and treatment of abused children and their parents. The problem, as identified by SCAN at BMMC, was that an increasing number of parents lacked the skills to establish a loving, sensual relationship with their infants as evidenced by the number of frustrated parents seen in the pediatricians' offices (French, 1981).

BMMC SCAN Committee, in March, 1980, implemented a prevention program for all parents delivering babies at BMMC. Nursing staff skills and knowledge levels were assessed, and inservice education was provided. On February 15, 1981, a six-month Parent-Infant-In-

teraction Study Project was initiated. The nursing staff assessed and observed 847 families. Phone call contacts were made with each of these families sometime between the fifth and the twentieth day post-discharge to "see how they were doing with the baby". An analysis of the phone call inventory revealed that many families felt that they could benefit from social support, anticipatory guidance, education, and counseling. After the study was completed, a questionnaire was developed to determine how many of these new parents would request a follow-up service if one were offered. This study substantiated the earlier study. Supportive services were desired and needed by "low risk" parents during the immediate postpartum period (French, 1981). The SCAN Committee recommended that these "extra support services" could be provided by trained volunteers who would offer support, reassurance, guidance, education, and counseling to the new parents.

At the same time, the Grand Rapids Junior League volunteers also recognized the importance of providing a nurturing, stimulating environment for the community's children. They recognized that oftentimes new parents need assistance or social support, but are unclear of where to go or how to obtain the support (Durnell, French, Weise, Bachelder, Alexander & Larson, 1984). BMMC SCAN Committee and the Grand Rapids Junior League volunteers thus combined their efforts, skills, and resources to initiate this community's Parents Supporting Parents (P.S.P.) Project.

Helfer's "Perinatal Coaching" model and Kempe's "Lay Home Visitor" model provide the basic concepts for this P.S.P. program. Helfer advocates the use of trained volunteers to serve as role models and supporters for new parents. Through home visits and phone call contacts, the volunteers provide the new parent with information regarding infants' needs, characteristics, and development (Helfer, 1975; Helfer & Wilson, 1982; Kempe & Helfer, 1980). Kempe recommends the use of paid, specially trained lay health visitors, who are supervised by public health nurses, to provide information and support to the new parents (Kempe, 1962; Kempe, 1976; Kempe & Helfer, 1980).

The P.S.P. Program's fundamental concept is that by providing a one-to-one emotional, nurturing, and supportive relationship for new parents, the community's children will have a better chance for optimal emotional and physical growth and development. This could, in turn, add a further benefit of reduced incidence of child abuse and neglect. Therefore, new mothers, with few risk factors (those not ordinarily referred to a public health nurse, but in need, perhaps, of some support), are referred to a "volunteer parent" (Durnell, et al., 1984).

As stated earlier, experimental research was underway to evaluate the effectiveness of the volunteer parent portion of P.S.P. It was the purpose of this sub-component of the study to perform descriptive research on the approximately 120 parents who

received the P.S.P. program from September, 1983 through September, 1984. These dates were chosen because the records were complete for that period. Furthermore, research conducted retrospectively was not expected to interfere with the results of the experimental research on the P.S.P. project begun in October, 1984.

Since this was descriptive research, there were no hypotheses. This study was an investigation of the group of parents who received the P.S.P. treatment in an attempt to determine if they had some common characteristics and/or concerns. Background descriptive information, a Family Profile, and a perceived Concerns Profile were obtained from this population. The Family Profiletdescribed the characteristics of families who received the P.S.P. service. The perceived Concerns Profile was used to help determine this population's parental concerns.

The research questions were:

1. What were the common characteristics of parents who received P.S.P. service between September 1983 and September 1984?

2. What were the perceived concerns of this population in regard to services that a P.S.P. volunteer parent may have provided?

3. Was there a relationship between characteristics of the parents and the amount of concerns?

4. Was there a relationship between characteristics of the parents and the type of concerns?

5. Was there a relationship between specific parental characteristics and other parental characteristics?

CHAPTER II

LITERATURE REVIEW

In the early 1960s Kempe (1962) brought the problem of child abuse to the attention of the medical community and the world. Initially, the problem was felt to be limited to overt physical abuse and neglect of children by the guardians charged with their care. Most professionals denied the problem, but a selected few pursued research investigations that demonstrated the true nature and significance of this major breakdown between parents and children (Helfer, 1975; Kempe, 1962). Gradually other forms and manifestations of breakdown in parent-child interactions became apparent. Fifteen years of study by Helfer and Kempe (1974) produced a clearer understanding of the problem and broadened the horizons far beyond early speculations. Helfer (1975) has stated that child abuse and neglect should be considered two of the most severe manifestations of a host of problems that come under the general classification of chronic disruption in parent-child interactions. Child abuse and neglect is described as "any interaction or lack of interaction between a care giver and a child that results in harm to that child's physical or developmental state" (Helfer, 1975).

While Helfer, Kempe (1974) and others (Cohn, 1982; Millor, 1981) were studying the breakdown in parent-child interactions

related to child abuse, research was also being conducted in the area of maternal-infant bonding, with particular emphasis on factors that might impact on the attainment of the maternal role. Research by Klaus and Kennell (1976), Avant (1981), and Fraiberg (1977) indicated that infants are capable of interpersonal relationships at birth. These researchers stressed the importance of establishing early "bonding" between mother and infant. It was noted that adaptation to motherhood is also affected by the infant. Infants have inherently different characteristics which affect their behavior and response to stimuli. These characteristics affect the mother's response to her infant (Brazelton, 1979). Research further indicated that informing mothers about the behavioral characteristics of their infants is an effective means of enhancing the interaction between mother and infant (Anderson, 1981). Being more aware of the infants' individual characteristics may decrease anxiety in the mother and promote bonding (Dean, Morgan & Towle, 1982). Promotion of positive maternal responsiveness has prolonged and lasting physical and mental effects on the health of the infant (Gottlieb, 1978). Although early attachment relationships are important, research has indicated that attachment relationships between the infant and mother can change (Egeland & Sroufe, 1981; Sroufe & Waters, 1977; Vaughn, Egeland & Sroufe, 1979; Waters, 1978). It has been demonstrated that maltreated children between the ages of 12-18

months may become more or less attached as a function of changes occurring in changing life events, support from family, and out-of-home placement (Egeland & Sroufe, 1981).

The stress encountered in the transition to parenthood has also been recently investigated. Couples express the impact of the first-born in a variety of ways. Some couples adapt easily to the new roles and changes in their life-styles. These couples view the newborn as extending their life-style and as a new experience to share. At the other end of the continuum are couples who experience a great deal of turmoil and anxiety in their first two years of parenthood. Most couples cope well but experience various degrees of anxiety at different points in time during these two years (Giovanetti, 1977). Research by Curry (1983) demonstrated that women who appear to have normal psychological histories, have uncomplicated pregnancies and deliveries, and who give birth to healthy infants, experience stress and discomfort adapting to motherhood and may require additional support. Ventura (1982) found a correlation between parent coping behaviors, parent functioning, and infant temperament characteristics. Research by Gordon, Kapostins and Gordon (1965) and LeMasters (1957) indicated that parents have a relatively high amount of distress following the birth of the first infant. This is in contrast to the results of a study by Hobbs and Cole (1976), who found that parents have only slight amounts of difficulty in

adjusting to the first child. In Hobbs and Cole's study, mothers did report significantly greater amounts of difficulty than did fathers. Hobb and Cole advocated that parenthood be referred to as a transition, rather than a crisis, as indicated by LeMasters (1957). Russell (1974) had stated that first-time parenthood crisis is slight to moderate. He also indicated that the differences found in the amount of anxiety may be a function of the method of research as well as the variety of respondents. Nonrespondents to a questionnaire may have higher levels of crisis. This has implications when evaluating the results of an interview method of research versus that of a questionnaire method.

Research by LeMasters (1957) revealed that couples who had romanticized parenthood and had little preparation for the parental role had increased difficulty with adjustment. This implies that the health care team should attempt to discover ways to lessen reality shock and to decrease the anxiety of new parents. Research by Boger, Richter and Weatherston (1983) demonstrated that imparting to parents basic knowledge of infant behavior is a crucial precursor to later parenting success. Upon this knowledge base, a foundation of holistic, positive experiences can be built. The potential for a positive chain of parent/child interactions of increasing quality and quantity will have been initiated by decreasing the romanticism, and increasing the preparation, thus

lessening the reality shock of parenthood. Consequently, the probability for later positive parent/child transactions is greatly increased. Today's small, mobile, nuclear family does not provide the same experiences with children as did the extended family. Today's new parents need more support in learning about the process of child growth and development, parent/child transactions, and the role of the family as a sub-system (Boger, et al., 1983). The support of involved professionals and experienced parent volunteers in helping to provide this foundation for positive parent/infant behavior, particularly for the parents of first-borns, is needed.

The use of home visitors has long been advocated as a means to improve preventative child health services (Kempe, 1976). Recently, it has been suggested that these visitors should give particular attention to the parent-child relationship, as well as advice on common well-child problems. Kempe (1976) has described an infant follow-up program referred to as Lay Home Visitors. During the first few months after delivery, the infant and mother are visited in their homes by specially trained health visitors. These health advocates teach interactional skills, help mothers with feedings, facilitate medical follow-up visits for mothers and infants, and, in general, are helpers to the new families. Helfer (1982) advocates a program of positive parent-child interaction training for all first-born babies and their parents. He has de-

veloped a perinatal coaching program that also uses lay home visitors to promote maternal attachment. His model and similar models are being developed and evaluated nationwide.

Research by Field, Widmayer, Greenberg and Stroller (1982) indicated that growth and development during the first two years was superior for infants whose mothers received parent-skills training. In June 1980, the American Academy of Pediatrics sponsored a "Conference Exploring the Use of Home Visitors to Improve the Delivery of Preventive Services to Mothers with Young Children" (Chamberlin, 1980). Participants from throughout the country were present to discuss their programs. The programs presented were varied in structure and objectives, as well as in populations served. Most of the evaluations were incomplete. Other research has tended to support the benefits of a perinatal program for first-time parents. Research at Michigan State University (Bristor, Helfer, & Coy, 1984) supported the idea of the effectiveness of perinatal coaching for promoting positive mother-infant interactions. The results of a controlled evaluation study by Larson (1980) supported the efficacy of home visits, but only if a prenatal visit is included. Dooley, Prochaski and Kybanoff (1983) reported that 92% of the parents in this study of a parent support program stated that they found talking and sharing with other parents very beneficial. Boger, et al. (1983) at Michigan State University indicated that clients of their Perinatal-Posi-

tive Parenting program were more knowledgeable and reasonable in their expectations of their infant's behavior than were their control group counterparts. A large research project in Denver to evaluate their Parent-Infant Support Service was conducted (National Institute of Health, 1980). The subjective data from the study, based mainly on case histories, "showed a good deal of benefit for the majority of mothers in the study." Mothers and parent volunteers expressed positive feelings toward the programs. The objective data, on the other hand, showed no treatment effects. Tools used to measure differences in attachment and other health behaviors of treatment group versus control group failed to demonstrate statistically significant differences. The variations in results may have been due to differences in the population under study, or due to a lack of instruments that were appropriate to measure this type of service.

The literature review will conclude with a discussion of research in the area of parents' concerns as perceived by the parents themselves. Review of the literature yields a minimal amount of information about what parents want to know about child health care. Frequently, it is the health professionals' perceptions that are used to develop child health care services (Ryberg & Merrifield, 1984). When providing services to parents, it is important to consider the consumer's perceived needs, the health professional's perceived needs of the consumer, and the scientifi-

cally documented needs. A few articles have been written which provide information regarding what parents perceive as their needs in the early period at home following the birth of a first child (Gruis, 1977; McAbee, 1977; Miller & Baird, 1978; Sumner & Fritsch, 1977). Some of the concerns regarding infant care that parents have indicated are: nutrition, sleep, hygiene, routines, and safety of the infant. Some of the needs that have also been identified for the mother are: return of figure, fatigue, sexual relations, emotional tension, and physical discomfort (Sachs, 1981). Parents have specific ideas and concerns that are important when developing consumer-oriented services. Parents identify what specific information they need. These concerns must be addressed so parents can proceed with parenting. The key is identifying parents' concerns and then addressing those concerns through a mechanism that parents will utilize (Ryberg & Merrifield, 1984).

CHAPTER III

CONCEPTUAL FRAMEWORK

This research is a descriptive study of characteristics and perceived concerns of a specific population of parents who have received a specified volunteer parent support service. This service is offered to new parents in an attempt to "increase the potential for positive parenting" (Durnell, et al., 1984). The service has been primarily directed toward persons who have delivered their first child. The support service is offered at a time when the "family" system is undergoing change and its members are assuming new roles. Concepts from role theory, systems theory, and current knowledge of infant development provide the best conceptual basis for this study.

A broad definition of "family" is a group of two or more people living together with shared emotional and economic involvement (Knowlton, Goodwin, Moore, Alt-White, Guarino, & Pyne, 1983). In systems theory, the "family" is defined as a living social system. It is a small group of closely interrelated and interdependent individuals who are organized into a single unit so as to attain specific purposes, namely, family functions or goals. The interrelationships which are found in this family system are so intricately tied together that a change in any one part inevitably results in changes in the entire system (Friedman, 1981).

The family is an open system, since it exchanges materials, energy, and information with its environment (Buckley, 1968) Families are in constant interaction with their physical, social, and cultural environment. The family is a dynamic entity, ever changing and growing (Parsons & Bales, 1955).

The family is a system of interacting personalities intricately organized into positions, roles, and norms which are further organized into subsystems within the family. These subsystems become the basis for the family structure or organization. The family system differentiates and carries out its functions through these subsystems, which are made up of sets of relationships involving two or more family members. Each individual belongs to a different subsystem (Friedman, 1981).

The nuclear family may have three subsystems: (1) the spouse subsystem, (2) the parent-child subsystem, (3) the sibling system. With the birth or adoption of a child by the couple, the original dyadic family grows in complexity, since a new subsystem is created. The spouse subsystem now must differentiate itself to perform both mutual support and child-rearing functions. The roles of the parents change when the subsystem is changed by the addition of a child.

A role is a set of actual or expected behaviors and feelings or goals demonstrating unity in action. Roles develop as a result of a relationship with another individual. To be a parent, for

example, one must have a child; to be a wife, one must have a husband. This means that every individual role has a corresponding, complementary role (Swendsen, Meleis & Jones, 1978).

Parenthood is a role that one inherits as a natural result of propagation or adoption of children. The arrival of the first child transforms spouses into parents and converts a marriage into a family (Briggs, 1979). In becoming parents, marital partners enter into a new development process (Benedeck, 1975). Roles must be reassigned, new needs must be met in different ways, and family values must be reoriented. Role change is obvious (Giovanetti, 1977). The couple must suddenly change from the relatively independent life of adult interaction to one of almost total concentration on meeting the needs of the infant.

Rubin (1967) described maternal role attainment as occurring in progressive stages through operations of mimicry, role play, fantasy, introjection-projection-rejection, and grief work over a 12-15 month period during pregnancy and concluding six months after birth. The maternal role attainment process develops simultaneously with the mother's binding-in (attachment) to her infant, and each process is affected by and affects the other (Rubin, 1961; Rubin, 1967). The movement to the personal state in which the mother experiences a sense of harmony, confidence, and competence in how she performs the role is the endpoint of maternal role attainment-maternal identity, as described by Rubin (1967).

Swendsen, et al. (1978) and Meleis (1975) applied the concept of role supplementation for new parents. Role supplementation, as defined by Meleis (1975), is the information or experience necessary to bring the role incumbent and significant others to full awareness of the anticipated behavior patterns, units, sentiments, sensations, and goals involved in each role and its complement. Such an approach assists parents in moving toward role mastery (Meleis, 1975).

Role transition denotes a change in role relationships, expectations, or abilities. Role transitions require the person to incorporate new knowledge, alter his behavior, and thus change his definition of himself in his social context. Situational transitions involve the addition or subtraction of persons in a pre-existing constellation of roles and complements (Meleis & Swendsen, 1978), i.e., transition from non-parental to parental. This transition involves major shifts in personal and interpersonal concepts vis-a-vis a larger society. It also requires the adjustment of the smaller systems when the addition of a third person (infant) shifts the structure of the group from dyad to triad. This causes significant role and complementary role changes that may, in turn, cause conflict if they are unanticipated, unrecognized, and ignored (Meleis & Swendsen, 1978). Role insufficiency may result from poor role definition, the inner dynamics of the role relationships, or simply, from a lack of

knowledge of role behaviors, sentiments, and goals. Part of role supplementation is role modeling and the use of a reference group. This is the service that the Parents Supporting Parents Group is attempting to provide: the volunteer parent is a role model and provides a reference for the new parent. The volunteer may also increase role mastery by providing information about the expectations of the role. The volunteer can provide the new parent with information that meets the perceived needs of the new parent and thus help the new parent to clarify and master his new role.

CHAPTER IV

METHODOLOGY

Study design

This was a descriptive study of the population of parents who received a parent-support volunteer from September, 1983, through September, 1984, and who had delivered infants at Blodgett Memorial Medical Center. These dates were chosen due to completeness of records and non-interference with the on-going experimental research. Two questionnaires were used: a Family Profile and a Concerns Profile. The questionnaires, designed by this investigator, are described later in this report (see Appendices C and D). Two informational letters were also sent: the first letter preceded the questionnaires and the second letter accompanied the questionnaires (see Appendices A and B). In these letters the parent was provided information regarding: (1) the rationale for this study, (2) informed consent, and (3) confidentiality and anonymity. Telephone contacts were made to 80% of the recipients (see Appendix E). A third letter was mailed to the 20% not reached by telephone (see Appendix F).

Sequence of investigation:

1. Human Subjects Review Committee at Blodgett Memorial Medical Center, December 10, 1984. Appro-

val granted.

2. Human Subjects Review Committee at Grand Valley State College, late December, 1984. Approval granted.
3. Pilot study in late December and early January. The pilot study followed the same protocol as the formal study, as outlined in points 5-8, below.
4. The pilot study (conducted on 10 P.S.P. recipients) revealed formatting problems with the initial Concerns Profile. The questionnaire was reevaluated and rewritten prior to the formal study.
5. Formal study began in late January, 1985. Letters were sent to 105 P.S.P. recipients, informing them of the upcoming research (see Appendix A).
6. 3-5 days later two questionnaires with cover letters were mailed to 100 of the same P.S.P. recipients (see Appendices B, C, and D).
7. 7-10 days later--follow-up phone calls were made to approximately 80% of the P.S.P. recipients (see Appendix E).
8. A third letter was sent to the recipients who were not contacted by telephone (see Appendix F).
9. End of February--data collection completed.

10. March and April--data analysis conducted.
11. May and June--report written.

While these 120 parents were receiving volunteer parent support services, they had not been informed about the possibility of later research. To address their potential concerns and/or questions, the investigators' telephone numbers were provided in the introductory letter. Recipients were invited to call with their questions.

One hundred and five initial letters were sent to recipients of the P.S.P. service. Five of these were returned as undeliverable. The two questionnaires and accompanying letter were then sent to the same 100 parents who had received the first letter. A low rate of return was anticipated, due to the fact that some of the recipients who received the questionnaires had discontinued P.S.P. service at least 12 months prior to the investigation. It was decided that a follow-up phone call would provide the respondents with an opportunity to ask questions, thereby increasing both the credibility of the project and increasing the number of returns. A third letter was mailed to all recipients who were not contacted by telephone. By the end of February, 68 of the 100 questionnaires had been completed and returned. Data collection was completed at that time.

This research was coordinated with the thesis committee, the Coordinator of the P.S.P. Program, and the Coordinator of the larger research project of the P.S.P. Program. Consent by the subjects to participate in this study was obtained through the return of the questionnaires. In both informational letters, the subjects were informed that the return of their questionnaires would be considered as consent to use the information they provided in the evaluation process. In order to maintain confidentiality and anonymity, all communications came from and were returned to the P.S.P. mailing address. Anonymity was maintained by absence of names and/or identifier codes on all materials (the two questionnaires and a previously-addressed, return envelope) sent to and received from the study population. All data were handled in a confidential and professional manner. The subjects' rights were protected through the use of anonymity, confidentiality, and informed consent.

Data were analyzed by the researcher through the use of a computer and with the advice of two statisticians. Descriptive and correlational statistics were used. Variables on the Family Profile were examined to determine common characteristics of the respondents. Variables on the Family Profile were also correlated with other variables on the Family Profile to ascertain what relationships existed. Variables on the Concerns Profile were analyzed by descriptive statistics and were ranked from highest to

lowest. Data were also analyzed to determine if statistically significant correlations existed between variables on the Concerns Profile and variables on the Family Profile.

Instruments

Family Profile: Discussion

The Family Profile was written by Joyce Derhammer, R.N. It was developed from a Family Profile and a satisfaction questionnaire (Durnell, et al., 1984), and from articles by R. T. Mercer (1981) and Curry (1983). Mercer (1981) identifies 12 variables that impact on the maternal role: (1) age, (2) perceptions of the birth experience, (3) early maternal-infant separation, (4) social stress, (5) support system, (6) self concept and personality traits, (7) maternal illness, (8) child-rearing attitudes, (9) infant temperament, (10) infant illness, (11) cultural and social economic level, and (12) educational level. Curry (1983) identified two more variables that impact on the attainment of the maternal role: (1) previous experiences with children, and (2) mother's own parenting experiences. This investigator selected and combined data from the above four sources to create the family profile instrument (see Appendix D).

Concerns Profile: Discussion

This instrument was developed by Joyce Derhammer, R.N. It was based on numerous research articles and questionnaires by Gruis (1982), Hymovich (1983), Rothenberg, Hitchcock, Harrison, and Graham (1981), Ryberg and Merrifield (1982), Sachs (1981), Sheehan, (1981), and Sumner & Fritsch (1977). These authors have determined that new parents have a large number of concerns. These concerns could be grouped into the following categories: (1) child care needs, (2) mothers' personal needs, and (3) changes in family system relationships and roles. The Concerns Profile questionnaire listed 31 potential concerns: 17 of them were regarding babys' needs and 14 were regarding mothers' needs. The respondents were instructed to classify each concern into one category: (1) not a concern, (2) small concern, or (3) large concern. (See Appendix C.)

Content validity for both questionnaires (Concerns Profile and Family Profile) was established by submitting these forms to the thesis committee, the P.S.P. Program Coordinator, and the Research Coordinator.

Problems with clarity and/or redundancy were evaluated by pilot testing the questionnaires with 10 P.S.P. recipients. The method for the pilot test followed the design that was planned for the actual research project described earlier in this proposal.

The Family Profile remained unchanged from the pilot study to the formal research project. The majority of the questions in the Concerns Profile remained unchanged, but the response format was reevaluated, improved, and written in the above described format.

Phone call followup

A phone call contact was attempted to all parents who had been sent the research questionnaires. Eighty percent of the subjects were contacted by phone by the researcher within 7-14 days following the initial mailing of the questionnaires. The parents were asked if he or she had received the questionnaires and whether it had been mailed back to P.S.P. If the responses were yes, a thank you was extended. If the responses were no, parents were encouraged to return the questionnaires as soon as possible. The researcher did not provide answers to specific questions that were on the questionnaires, but did supply general information about the research project. Parents who had concerns extending beyond the scope of this research project were immediately referred to the P.S.P. coordinator for further followup, as needed. (See Appendix E for a sample script of the phone call followup).

Third letter followup

A third letter (see Appendix F) was sent to all P.S.P. recipients who were not contacted by telephone. This comprised 20% of the 100 P.S.P. recipients. The purpose of this letter was to inform the parent of the fact that we had attempted, but failed, to contact them by phone as had been planned. It was also an effort to maximize the rate of questionnaire return.

Data Analysis

Family Profile:

The descriptive statistics (frequencies, percentages, and ranges) were calculated for all the variables of the Family Profile. The Spearman Rho and the Chi Square tests were also employed to determine relationships between variables on the Family Profile.

Concerns Profile:

The descriptive statistics (frequencies, percentages, and ranges) were calculated for all of the 31 concerns of the Concerns Profile. In addition, combined concern scores were calculated for each respondent. After all the individual data were entered into the computer, three additional combined concern scores were calculated from each questionnaire. Every respondent graded each

of the 31 concerns on a scale of "not a concern", "small concern", or "large concern". "Not a concern" received a score of 0. "Small concern" received a score of 1. "Large concern" received a score of 2. Three combined scores were then calculated for each respondent. One concern score was the total points for all 31 concerns with a possible range from 0 to 62. A second concern score was the total points for the 14 concerns that related to mothers' needs with a possible range of 0 to 28. A third concern score was the total points for the 17 concerns that related to infants' needs with a possible range of 0 to 34. Descriptive statistics were calculated on these scores, and the scores were also used in later correlational statistics.

Correlational Analysis:

The nonparametric statistics of the Chi Square and Spearman's Rho were used as appropriate to correlate variables on the Family Profile. These same statistics were also employed to correlate variables on the Family Profile with variables on the Concerns Profile and with the three combined concerns scores. All potential correlations possible between the variables on both questionnaires were examined, but only those of a .05 significance level will be presented for discussion.

The Chi Square test is a test of statistical significance used to assess whether or not a relationship exists between two nominal-level variables (Polit & Hungler, 1983). Nominal level

data from the two questionnaires were compared through use of the Chi Square test. The Spearman's Rho is a nonparametric test used to determine that a correlation is different from zero (i.e., that a relationship exists) (Siegal, 1956). This statistic is appropriate for ordinal levels of measurement (Polit & Hungler, 1983). Ordinal level data on the questionnaires were compared through the use of the Spearman's Rho test. A predetermined significance level of .05 was used to evaluate the correlational statistics.

CHAPTER V

RESULTS

The following are the results of the descriptive research on 100 P.S.P. recipients from September, 1983, through September, 1984. First, the information obtained through the use of the Family Profile will be discussed. Then, results from the Concerns Profile will be reviewed. Finally, correlational statistics will be used to present information obtained by comparing specific variables on the Family Profile with each other and with variables on the Concerns Profile.

Family Profile

The Family Profile was composed of 36 questions designed to provide descriptive information about the recipients of the P.S.P. service. The discussion will begin with a presentation of the "typical" recipient of the P.S.P. service. It will then proceed to discuss specific variable data.

Responses to each question on the Family Profile are varied. In actuality, there is not a "typical" mother. But, for the purpose of the presentation of a summary of data from the Family Profile Questionnaire, a "typical" mother will be discussed. "Typical" will be defined as the point at which the cumulative percentage of respondents to a particular question reaches

fifty-one percent. Fifty-one percent of the respondents fit into the described categories (example: Books read regarding child care before infant's birth: 0 books = 20.6%, 1-2 books = 36.5%, 0-2 books = a cumulative percentage of 57.1% which is the arbitrary 51% in this definition for "typical". Therefore, the "typical" mother read 0-2 books prior to the birth of her infant.). There may, of course, be more than one way to fit the responses into categories to reach the arbitrary 51%. The following discussion is an attempt to combine and summarize data from the Family Profile.

The "typical" mother is between 19 and 29 years of age. She is Caucasian, married, unemployed, and primiparous. She has lived in this city over five years, has some college education, and a household income over $20,000 per year. She has not had previous experience caring for infants, nor attended classes in infant development, and has read only 0-2 books regarding infant care. She rates this labor and delivery experience and her relationship to her own parents as positive to very positive. Her source of support is her spouse, and adjustment to motherhood has been easy to very easy. The infant's temperament has been easy to very easy, and his health has been better than average. While a recipient of the P.S.P. service, she received less than five phone or home visit contacts. She always felt comfortable with the volunteer parent and thought that the volunteer parent always under-

stood her concerns. She would like the service continued until the child is at least 6 months old, and she would recommend P.S.P. to a friend.

The above discussion is a summary of a "typical" mother who has received the volunteer parent support service. Following is a more detailed discussion of the results obtained from the Family Profile. Percentages, ranges, and means are used in a narrative format to present these descriptive data. Tables are provided to clarify the information.

The child's age at the time of the survey ranged from four months to fourteen months (Table 1). The age of the infant at the time of first contact by a volunteer parent ranged from prenatal contact to seventy days old. Seventy-nine percent of the parents received P.S.P. contact by the time the infant was 14 days old (Table 2). It should be noted that in 50% of the cases, the volunteer parent support service was discontinued by the time the infant was ten weeks old (Table 3). Although mother's age at the time of her infant's birth ranged from nineteen years to over forty years, almost 70% were less than thirty years of age (Table 4). Only one of the respondents was unmarried at the time of this survey, therefore that questionnaire was not used in this research project. All respondents to the survey were Caucasian. It appears that the respondents were a fairly stable population. Sixty percent had lived in the city more than five years (Table 5).

Table 1

Child's Age In Months At Time of Survey

Age in months	Frequency	Percent	Cumulative Percent
4	3	4.8	4.8
5	11	17.5	22.3
6	10	15.9	38.1
7	6	9.5	47.6
8	5	7.9	55.6
9	9	14.3	69.8
10	4	6.3	76.2
11	8	12.7	88.9
12	1	1.6	90.5
13	3	4.8	95.2
14	3	4.8	100.0

Note: N = 63.

Table 2

Child's Age In Days At Time of First Contact By A Volunteer Parent

Age in days	Frequency	Percent	Cumulative Percent
prenatal	4	6.3	
1	2	3.2	3.8
2	8	12.7	18.9
3	4	6.3	26.4
4	1	1.6	28.3
5	3	4.8	34.0
7	5	7.9	43.4
8	3	4.8	49.1
10	3	4.8	54.7
12	2	3.2	58.5
14	11	17.5	79.2
15	1	1.6	81.1
20	2	3.2	84.9
21	2	3.2	88.7
28	1	1.6	90.6
30	2	3.2	94.3
60	2	3.2	98.1
70	1	1.6	100.0

Note: N = 63.

Table 3

Child's Age in Weeks At the Time the P.S.P. Service Was Discontinued

Age in weeks	Frequency	Percent
1	1	1.6
2	2	3.2
3	4	6.3
4	4	6.3
6	2	3.2
7	1	1.6
8	5	7.9
10	2	3.2
12	6	9.5
13	1	1.6
15	1	1.6
16	3	4.8
20	5	7.9
21	1	1.6
24	2	3.2
25	1	1.6
32	1	1.6
on-going contact	12	19.0

Note: $n = 54$.

Table 4

Mother's Age At the Time of Infant's Birth

Mother's age in years	Frequency	Percent
Less than 19	0	0
19-24	20	31.7
25-29	24	38.1
30-35	16	25.4
35-39	2	3.2
Greater than 40	1	1.6

Note: N = 63.

Table 5

Length of Residence in City Prior to Birth of Infant

Length of residence in months/years	Frequency	Percent
Less than 6 mos.	2	3.2
6 mos. to 1 year	8	12.7
1-5 years	15	23.8
More than 5 years	38	60.3

Note: N = 63.

The purpose of the volunteer support service is to provide an added support to new parents during a time of role change. This was the first child for 76% of the respondents, therefore, these families were in the process of changing from a dyad to a triad.

Seventy-four percent had a household income of more than $20,000 yearly. This may, in part, be due to the fact that 30% of the mothers and 94% of the fathers were employed while their infants were less than four months of age. It is interesting to note that while 79% of the respondents had at least some college education (Table 6), the majority of them had read less than three books regarding child care (Table 7). Only 38% had taken any type of course in infant care, and only 25% had taken an expectant parent class.

The majority of the respondents seemed to have some type of an intact support structure. Eighty-four percent of the respondents rated their relationship with their own parents as being neutral to very positive (Table 8). Sixty-three percent listed their spouses as being their support person while the infant was less than four months of age. This number increased to 83% at the time of the survey (Table 9). Two of the respondents who listed "other" as their support system indicated that they "received no support from anyone". One respondent stated that her support person was "my volunteer parent" .

Table 6

Highest Level of Education of Parent At Time of Volunteer Service

Educational Level	Frequency	Percent
0-8th grade	0	0
9-12th grade	13	20.6
Some college	26	41.3
Bachelor's degree or higher	24	38.1

Note: N = 63.

Table 7

Number of Books Read by Parent on Childrearing

No. of books	Frequency	Percent
Before Infant's Birth (N = 63)		
None	13	20.6
1-2	23	36.5
3-5	17	27.0
6-10	5	7.9
Over 10	5	7.9
After Infant's Birth (n = 62)		
None	12	19.0
1-2	26	41.3
3-5	18	28.6
6-10	5	7.9
Over 10	1	1.6

Table 8

Respondent Ratings of Childhood Relationship with Own Parents

Rating	Frequency	Percent
Very positive	24	38.1
Positive	22	34.9
Neutral	7	11.1
Negative	9	14.3
Very negative	1	1.6

Note: N = 63

Table 9

Respondent's Report of Most Supportive Person

Support Person	Frequency	Percent
When child was less than 4 months old (N = 63)		
Spouse/partner	43	68.3
Parents	7	11.1
Relative	1	1.6
Other	4	6.3
Combination	4	6.3
At time of survey (n = 62)		
Spouse/partner	52	82.5
Parents	2	3.2
Relative	2	3.2
Other	2	3.2
Combination	8	12.7

Although 88% of the respondents reported their labor experience to be neutral to positive, 11% viewed the experience as negative to very negative (Table 10). Many of the respondents who reported negative labor experiences stated that it was because "they needed to have an unplanned caesarian section". Perceptions of the birth experiences are correlated with other variables and discussed in more depth later in this paper.

The majority of the mothers in this population expressed positive feelings about their own adjustment to motherhood, the temperament of their children, and the health of their children. At the time that the mothers were receiving the services of a volunteer parent, 82% reported their adjustment to motherhood as average to very easy. This number increased to 95% reporting average to very easy adjustment to motherhood at the time of the survey (Table 11). Seventy-five percent of the mothers stated that the temperament of their child was average to very easy at the time of the volunteer service. This increased to 98% of the mothers reporting average to very easy children's temperaments at the time of the survey (Table 12). Eighty-eight percent of the respondents listed the health of their infants as average to better than average at the time of the volunteer service. This percentage also increased to 98% at the time of the survey (Table 13). Correlations among the variables are also presented later in this paper.

Table 10

Respondent Ratings of Labor and Delivery Experience

Rating	Frequency	Percent
Very positive	16	25.4
Positive	28	44.4
Neutral	12	19.0
Negative	5	7.9
Very negative	2	3.2

Note: N = 63.

Table 11

Respondent Ratings of Adjustment to Motherhood

Rating	At time of P.S.P. service		At time of survey	
	Frequency	Percent	Frequency	Percent
Very easy	13	20.6	23	36.5
Easy	20	31.7	21	33.3
Average	18	28.6	15	23.8
Difficult	11	17.5	3	4.8
Very difficult	0	0	0	0

Note: $n = 62$

Table 12

Respondent Ratings of Their Child's Temperament

Rating	At time of P.S.P. service		At time of survey	
	Frequency	Percent	Frequency	Percent
Very easy	22	34.9	22	34.9
Easy	11	17.5	27	42.9
Average	13	20.6	11	17.5
Difficult	11	17.5	1	1.6
Very difficult	4	6.3	0	0

Note: n = 61.

Table 13

Respondent Rating of Infant's Health

Rating	At time of P.S.P. service (n = 60)		At time of survey (N = 63)	
	Frequency	Percent	Frequency	Percent
Better than average	35	55.6	41	65.1
Average	18	28.6	21	33.3
Less than average	7	11.1	1	1.6*

Fifty-eight percent of the respondents received 0-5 phone call contacts from their volunteer parent. Almost 35% received 6-15 phone calls. Therefore, 93% of the respondents had received less than 16 phone call contacts from their volunteer parent. Ninety-six percent of the recipients had received 0-5 home visits (Table 14). Ninety-one percent of the mothers reported that they felt comfortable with the volunteer parent most to all of the time (Table 15). Ninety-three percent of the respondents stated that the volunteer parent understood their concerns most to all of the time (Table 16). Twenty percent of the mothers indicated that they would like the volunteer parent service continued beyond the child's first birthday (Table 17). Although 77% of the mothers reported that the P.S.P. service did not change the way that they cared for their babies, 91% would recommend the service to a friend. None of the mothers indicated that the P.S.P. service changed their infant care for the worse.

The Family Profile concluded with an open-ended question asking: "Do you have any other comments you would like to make about the program?" Thirty-eight of the sixty-three respondents wrote brief comments about their opinion of the program. Many of the statements were quite positive. Some of the recipients even expressed a desire to become a volunteer parent themselves. It seemed that a large number of mothers felt the program was particularly beneficial to those new parents who did not have family

Table 14

Number of Contacts of Recipients With Volunteers

No. of contacts	By telephone		Home visits	
	Frequency	Percent	Frequency	Percent
Less than 5	37	58.7	61	96.8
6-10	12	19.0	1	1.6
11-15	10	15.9	1	1.6
16-20	1	1.6	0	0
More than 25	3	4.8	0	0

Note: N = 63.

Table 15

Recipient's Rating of Degree of Comfort With Volunteer Parent

Rating of comfort	Frequency	Percent
Always	33	52.4
Most of the time	20	31.7
Half the time	4	6.3
Seldom	1	1.6
Never	0	0

Note: n = 58.

Table 16

Recipient's Perception of Volunteer's Understanding of Their Concerns

Rating of understanding	Frequency	Percent
Always	37	58.7
Most of the time	18	28.6
Half the time	3	4.8
Seldom	1	1.6
Never	0	0

Note: n = 59.

Table 17

Recipients' Estimate of Desired Length of Contact With Volunteer

Time in months	Frequency	Percent
0-3	20	31.7
4-6	17	27.0
10-12	9	14.3
More than 12	12	19.0

Note: $n = 58$.

support in the near area. Many were thankful just to have someone to talk to about their concerns. A few of the comments were more negative regarding the program. Some mothers expressed the need for longer and more frequent contacts. There was occasionally expressed the desire for a better "match" between new parent and volunteer parent, especially from mothers who breast fed their infants. Following is a listing of various comments made by the respondents regarding the P.S.P. volunteer parent service.

Positive comments:

"I appreciated the support that I received from my volunteer parent... I really needed a sounding board... I hope we maintain this friendship for a long time."

"Please continue your program... I had no one to talk to... Parenting is a wonderful experience and your program promotes the positiveness of it."

"Very much in favor of it."

"I think that this is a great program... I would also like to become a parent volunteer."

"I feel that the program is very informative and valuable."

"I think the volunteer parent as a good idea for someone who doesn't know many people in town."

"I love the program and I think you should try to encourage more people to take part in the service. It helped me a lot, and I would recommend it to everyone."

"When my sister has her baby I'm going to tell her about it... I felt someone cared."

"It's a terrific idea. The person sent to me was well matched. Adjustment to a new baby would have been more difficult without her."

Negative comments:

"I would highly recommend that nursing mothers be matched with a volunteer that did the same. Most of my concerns were about feeding and my parent couldn't relate to me."

"I would have appreciated much more contact... Now I rely on the public health nurse."

"Find out if the individual still has the same needs from the contact person... My volunteer could not help because she did not know what I was going through."

"My support parent didn't keep in touch very much."

"She was nice but concerned primarily with her own growing family... Too much pre-occupied with her own life... I only got a few phone calls."

Concerns Profile

The Concerns Profile was a listing of 31 possible parental concerns which were divided into two areas of interest. Fourteen of the concerns were in regards to the needs of the new postpartal mother. Seventeen were regarding infant care. The purpose of the

questionnaire was to gain information regarding the perceived concerns of the P.S.P. mothers, thereby allowing the volunteer parents to better plan types of information to disseminate to future P.S.P. recipients.

Mothers expressed higher concern with subjects regarding infant care than with matters regarding their own physical or emotional needs. When the questions were ranked in order of highest to lowest concern, of the the highest 17 concerns, 13 pertained to infant care. Only four of the seventeen highest concerns represented needs specific to the new postpartal mothers. Respondents listed greatest concern with babies' stimulation, safety, sicknesses, stages of development, and nutrition. They expressed least concern about sexual relations, weaning, breast care, returning to work, and infant habits (Table 18).

Correlational Analysis

Variables on the Family Profile were correlated with other variables on the Family Profile using the Chi Square and the Spearman's Rho tests to determine if any relationships existed. A value of .05 was used as the level of statistical significance. Because all appropriate variables were correlated with one another, a large amount of data results were generated. All those correlations at a statistical significance level of .05 are presented here for discussion. Non-statistically significant re-

Table 18

Ranking of Recipient Concerns (Highest to Lowest)

Rank	Concern
1	*Playing with and stimulating a baby
2	*Baby safety and common accidents
3	*Coping with a sick baby
4	*Understanding the stages of baby's emotional development
5	*Understanding the stages of baby's physical development
6	*Infant/child nutrition
7	*Understanding the stages of baby's intellectual development
8	Return of figure to normal
9	*Leaving baby with a sitter
10	Finding time for oneself
11	Regulating demands of partner, housework, children
12	*Effectively meeting crying baby's needs
13	Fatigue
14	*Baby's patterns and schedules
15	*Understanding the stages of baby's language development
16	*Breast and bottle feeding
17	*Limit setting and discipline
18	Adjusting to parenthood
19	Exercise after delivery

Table 18 (cont.)

20	Dealing with own feelings and responses when baby cries
21	*Teething
22	Dealing with difficult feelings that parents have
23	Changes in relationship with partner
24	*Hygiene (diaper rash, baths, etc.)
25	Father's role with baby
26	Physical needs after delivery (flow, stitches, constipation
27	Sexual relations with partner
28	*Weaning from breast or bottle
29	Breast care
30	Returning to work
31	*Habits (thumb sucking, crib rocking, etc.)

Note: * indicates items which were infant concerns.

lationships will be presented as pertinent.

For the population of P.S.P. recipients surveyed, there were a number of correlations between the present age of the infant and other variables on the Family Profile. The older the age of the infant at the time of completion of the survey, the more positively the respondents reported their relationship with their own parents. Also, the older the infant, the more positively the mothers viewed the infant's health and temperament, as well as their own adjustment to motherhood (Table 19).

A number of statistically significant relationships were demonstrated between the length of residence and four other variables on the Family Profile. The longer the length of residence in this area prior to the infant's birth: (1) the more negative the perceptions of the labor and delivery experience, (2) the more negative the relationship with their own parents, (3) the more difficult the adjustment to motherhood at the present time, and (4) the more difficult the temperament of the child at the present time. A significant correlation did not exist between residency with adjustment or temperament at time of P.S.P. service (Table 20).

There was also a statistically significant relationship between the number of books read before the infant's birth and perceptions of child's temperament, adjustment to motherhood, and infant's health. The more books the respondent read prior to the

Table 19

Spearman r Correlations of Infant's Age At Time of Survey With Family Profile Variables

Family Profile Variable	r	p	n
Rating of relationship with parents	-.2326	.033*	63
Child's temperament at time of P.S.P. service	-.2462	.028*	61
Child's temperament at time of survey	-.2886	.012*	61
Child's health at time of P.S.P. service	-.2951	.011*	60
Child's health at time of survey	-.2408	.029*	63
Adjustment to motherhood at time of P.S.P service	-.2285	.037*	62
Adjustment to motherhood at time of survey	-.2755	.015*	62

Note: * indicates significance at the 0.05 level.

Table 20

Spearman's r Correlations of Length of Residency in City With Variables on Family Profile

Family Profile Variable	r	p	n
Rating of labor and delivery	.2102	.049*	63
Rating of relationship to parents	.2143	.046*	63
Adjustment to motherhood at time of P.S.P. service	.0286	.413	62
Adjustment to motherhood at time of survey	.2157	.046*	62
Child's temperament at time of P.S.P. service	.1055	.209	61
Child's temperament at time of survey	.2684	.018*	61

Note: * indicates p signficant at the 0.05 level.

infant's birth, the easier she rated the infant's temperament and her own adjustment to motherhood at the time she was receiving the volunteer service. Number of books read did not correlate with her perceptions of either temperament or adjustment at the present time. The more books read prior to the infant's birth, the more positive the perceptions of the infant's health at the time of the volunteer service. The only statistically significant correlations regarding books read after delivery was with mother's perceptions of infant's health. The more books read after the infant's birth, the more positive the perceptions of the infant's health at the present time. It was also noted that older mothers tended to read more books after the birth of the infant (Table 21).

Data from this research demonstrates correlations between perceptions of the labor experience and adjustment to motherhood, perceptions of infant's health, and rating of child's temperament. First, the more negatively the respondents rated the labor and delivery experience, the more difficult they rated the infant's temperament at the time of the volunteer service. This was not true for temperament at the present time. Secondly, the more negative the labor experience, the more difficult the adjustment to motherhood at the time of the volunteer service. This was also no longer true at the present time. Thirdly, the more negative the labor experience, the lower the rating of infant's health at both

Table 21

Spearman r Correlations of Books Read on Childrearing With Variables on Family Profile

Family Profile Variable	r	p	n
Number of Books Before Baby's Birth			
Child's temperament at time of P.S.P. service	-.2214	.043*	61
Child's temperament at time of survey	-.0949	.233	61
Adjustment to motherhood at time of P.S.P. service	-.2699	.017*	62
Adjustment to motherhood at time of survey	-.1167	.183	62
Child's health at time of P.S.P. service	-.3222	.006*	60
Child's health at time of survey	-.1810	.078	63
Mother's age at time of infant's birth	.0159	.451	63

Table 21 (cont.)

	r	p	n
Number of Books After Baby's Birth			
Child's temperament at time of P.S.P. service	.0327	.401	61
Child's temperament at time of survey	-.0734	.289	60
Adjustment to motherhood at time of P.S.P. service	.0023	.493	62
Adjustment to motherhood at time of survey	-.0553	.336	61
Child's health at time of P.S.P. service	-.0677	.304	60
Child's health at time of survey	-.2361	.032*	62
Mother's age at time of infant's birth	.2596	.021*	62

Note: * indicates a p significant at the 0.05 level.

the time of the volunteer service and the present time (Table 22).

For this group of respondents, there was a significant correlation between the perceived temperament of the child with the health of the infant and the adjustment to motherhood. The easier the respondents rated the temperament of the children, both during the time of volunteer service and the present time, the better they rated the health of their infant, both at the time of the volunteer service and at the present time, and the easier they rated their adjustment to motherhood, both at the time of volunteer service and at the present time (Table 23). It should be noted that most of these temperament correlations demonstrated a p significant at the .000 to .007 level. These findings, regarding adjustment to motherhood, are also supported by Mercer (1981) and by Curry (1983).

Variables on the Family Profile were also correlated with variables on the Concerns Profile using the Chi Square and the Spearman's Rho tests to determine if any relationships existed. A value of .05 was used as the level of significance. All statistically significant relationships will be discussed. Other relationships which did not reach significance will be presented when pertinent. Following are the results of these analyses.

As discussed earlier, combined concern scores were calculated for all respondents. A few of the variables on the Family Profile showed a significant correlation at the .05 level, with the three

Table 22

Spearman r Correlations of Mother's Perception of Labor and Delivery Experience with Family Profile Variables

Family Profile Variable	r	p	n
Adjustment to motherhood at time of P.S.P. service	.2624	.020*	62
Adjustment to motherhood at time of survey	.0969	.227	62
Child's health at time of P.S.P. service	.2439	.030*	60
Child's health at time of survey	.2276	.036*	63
Child's temperament at time of P.S.P. service	.2681	.018*	61
Child's temperament at time of survey	-.0254	.423	61

Note: * indicates a p significant at the 0.05 level.

Table 23

Spearman r Correlations of Infant's Temperament With Family Profile Variables

Family Profile Variable	r	p	n
Temperament at time of P.S.P. service			
Child's health at time of P.S.P. service	.4095	.001*	59
Child's health at time of survey	.2246	.041*	61
Adjustment to motherhood at time of P.S.P. service	.7484	.000*	61
Adjustment to motherhood at time of survey	.4347	.000*	60
Temperament at time of survey			
Child's health at time of P.S.P. service	.4459	.000*	59
Child's health at time of survey	.3128	.007*	61
Adjustment to motherhood at time of P.S.P. service	.3968	.001*	60
Adjustment to motherhood at time of survey	.5478	.000*	61

Note: * indicates a p significant at the 0.05 level.

different combined concern scores. Following is a discussion of these analyses.

There was a statistically significant relationship between infant concern scores with the age of the infant in days at the time of the first volunteer contact, and length of residence in the city. The older the infant at the time of the first contact, the higher the infant concern score. The longer the length of residence, the higher the infant concern score (Tables 24, 25, and 26).

There were a number of significant correlations between the mother concerns score and variables on the Family Profile. Respondents who received a higher mother concerns score rated their infant's temperament as more difficult at the time of the volunteer service, but not at the present time, rated adjustment to motherhood as more difficult at both the time of the volunteer service and at the present time, and rated the health of the infant as more negative (Tables 24, 25, and 26). The Chi Square test also indicated that a relationship exists between the total mother concerns score and present household income, and infant care courses taken in college (Table 27). Seventy percent of the mothers with a household income of over $20,000 per year received a high mother concern score. Fifty percent of the mothers with an income less than $20,000 per year received a high mother concern score. Seventy percent of those mothers who had not taken an

Table 24

Spearman r Correlations of Infant Concern Score With Family Profile Variables

Family Profile Variable	r	p	n
Child's age at time of 1st P.S.P. contact	.2607	.030*	53
Length of residency in city before baby's birth	.2536	.022*	63
Child's temperament at time of P.S.P. service	.0988	.224	61
Child's temperament at time of survey	.1343	.151	61
Adjustment to motherhood at time of P.S.P. service	.0205	.437	61
Adjustment to motherhood at time of survey	-.0076	.477	62
Child's health at time of P.S.P. service	.0720	.292	60
Child's health at time of survey	-.0171	.447	63

Note: * indicates a p significant at the 0.05 level.

Table 25

Spearman r Correlations of Mother Concern Scores With Family Profile Variables

Family Profile Variable	r	p	n
Child's age at time of 1st P.S.P. contact	.0661	.323	51
Length of residency in city before baby's birth	.1623	.106	61
Child's temperament at time of P.S.P. service	.2882	.013*	59
Child's temperament at time of survey	.1881	.077	59
Adjustment to motherhood at time of P.S.P. service	.3589	.002*	60
Adjustment to motherhood at time of survey	.2737	.017*	60
Child's health at time of P.S.P. service	.1763	.093	58
Child's health at time of survey	.2321	.036*	61

Note: * indicates a p significant at the 0.05 level.

Table 26

Spearman r Correlations of Total Concern Scores With Family Profile Variables

Family Profile Variable	r	p	n
Child's age at time of 1st P.S.P. contact	-.1684	.228	53
Length of residency in city before baby's birth	.2084	.101	63
Child's temperament at time of P.S.P. service	.2640	.040*	61
Child's temperament at time of survey	.1929	.136	61
Adjustment to motherhood at time of P.S.P. service	.2716	.033*	62
Adjustment to motherhood at time of survey	.1976	.124	62
Child's health at time of P.S.P. service	.1419	.279	60
Child's health at time of survey	.1690	.185	63

Note: * indicates a p significant at the 0.05 level.

Table 27

Chi Square Analysis of Relationships of Mother Concern Scores With Family Profile Variables

Family Profile Variable	Chi Square	df	p
Household income (less than or greater than $20,000)	34.82639	21	.0295*
Completion of infant care courses in college	44.08636	21	.0023*

Note: * indicates a p significant at the 0.05 level.

infant care course in college received a high mother concern score, while 50% of those who had taken an infant care course in college received a high mother concern score.

Two significant correlations exist between the variables on the Family Profile and the total number of concerns. Those respondents with higher total concerns scores rated the temperament of their child as more difficult, and rated their own adjustment to motherhood as more difficult (Tables 24, 25, and 26).

When each of the variables on the Family Profile were correlated with each individual variable on the Concerns Profile, a greater number of relationships became apparent. The age of the mother, the age of the infant, the level of education, the length of residence, the number of books read, the adjustment to motherhood, the health of the infant, the temperament of the child, and the length of P.S.P. contact all demonstrated a significant correlation to various questions on the Concerns Profile. Following is a discussion of the correlations between variables on the Family Profile with variables on the Concerns Profile. All statistically significant correlations will be discussed. Correlations which are not at the .05 level of significance will be presented when the information enhances understanding of the research.

The only correlation of statistical significance between mother's age and any variable on the Concerns Profile was regarding infant habits. As mother's age increased, concern with

infant's habits decreased (Table 28). Statistically significant correlations existed between infant's age and three specific concerns. As the child's age increased, the mother's concern regarding hygiene increased, her concern for baby's patterns and schedules decreased, and concern about her figure also decreased (Table 29). It is also interesting to note that the better the rating of infant health at the present time, the greater was concern regarding infant emotional and intellectual development (Table 30).

Both educational levels and number of books read regarding childrearing correlate significantly with some parental concerns. As stated earlier in this report, 79% of the respondents had some type of college education. It is interesting to note that as educational levels increased, concern for understanding of baby's physical, emotional, and intellectual development all increased, while concern about coping with a sick baby decreased (Table 31). As the number of books read increased, concerns regarding baby's intellectual development increased, while concerns about meeting a crying baby's needs decreased (Table 32).

It was noted earlier in this paper that 60% of the respondents had lived in this city more than five years. Previous correlations between residency and variables in the Family Profile have been made (Table 20). It should now be noted that as length of residency increased, concern regarding infant nutrition, crying,

Table 28

Spearman r Correlations of Mother's Age at Birth of Infant With Concerns Profile Variables

Concerns Profile Variable	r	p	n
Infant habits (thumb sucking, crib rocking, etc.)	-.2525	.030*	61

Note: * indicates a p significant at the 0.05 level.

Table 29

Spearman r Correlations of Infant's Age at Time of Survey With Concerns Profile Variables

Concerns Profile Variable	r	p	n
Infant hygiene (diaper rash, baths, etc.)	.2910	.021*	63
Baby's patterns and schedules	-.3113	.013*	63
Return of figure to normal	-.2996	.019*	61

Note: * indicates a p significant at the 0.05 level.

Table 30

Spearman r Correlations of Infant's Health Ratings With Concerns Profile Variables

Concerns Profile Variable	r	p	n
Infant's Health at Time of P.S.P. Service			
Understanding stages of baby's physical development	0.0	1.000	60
Understanding stages of baby's emotional development	-.0799	.521	60
Understanding stages of baby's intellectual development	-.1136	.354	60
Coping with a sick baby	.1666	.176	59
Infant's Health at Time of Survey			
Understanding stages of baby's physical development	-.1271	.304	63
Understanding stages of baby's emotional development	-.2782	.027*	63
Understanding stages of baby's intellectual development	-.3311	.008*	63
Coping with a sick baby	.0864	.486	62

Note: * indicates a p significant at the 0.05 level.

Table 31

Spearman r Correlations of Parental Educational Level With Concerns Profile Variables

Concerns Profile Variable	r	p	n
Understanding stages of baby's physical development	.2549	.044*	63
Understanding stages of baby's emotional development	.3021	.016*	63
Understanding stages of baby's intellectual development	.2838	.024*	63
Coping with a sick baby	-.2852	.025*	62

Note: * indicates a p significant at the 0.05 level.

Table 32

Spearman r Correlations of Numbers of Books Read on Child-rearing With Concerns Profile Variables

Concerns Profile Variable	r	p	n
Number of Books Read Before Infant's Birth			
Understanding stages of baby's intellectual development	.2457	.052	63
Effectively meeting a crying baby's needs	-.3110	.013*	63
Leaving child with a sitter	.0684	.544	61
Number of Books Read After Infant's Birth			
Understanding stages of baby's intellectual development	.0682	.557	62
Effectively meeting a crying baby's needs	-.2603	.041*	62
Leaving child with a sitter	.2802	.030*	60

Note: * indicates a p significant at the 0.05 level.

teething, and sickness all increased (Table 33).

The two variables on the Family Profile which had the highest number of statistically significant correlations with specific variables on the Concerns Profile were adjustment to motherhood, and child's temperament. Six Concern Profile variables demonstrated statistically significant correlations with both the adjustment and temperament variables. Respondents who reported more positive adjustment to motherhood and easier children's temperaments at the time of P.S.P. services also reported less concern with adjusting to parenthood, finding time for oneself, regulating demands, dealing with difficult parental feelings, dealing with own responses when baby cries, and father's role with baby (Tables 34, 35, 36, and 37).

It was previously noted that 19% of the respondents reported that they would have liked the volunteer parent support continued into the child's second year of life (Table 17). Statistically significant correlations were demonstrated between the desired length of P.S.P. contact with four Concerns Profile variables. As the desire for P.S.P. contact time increased, there was also increased concern regarding dealing with own responses when the baby cries, dealing with difficult parental feelings, sexual relationships, and return of figure to normal (Table 38). (See Table 39 for a summary listing of the above discussed correlations of the Family Profile with the Concerns Profile.)

Table 33

Spearman r Correlations of Length of Residence in City Prior to Infant's Birth With Concerns Profile Variables

Concerns Profile Variable	r	p	n
Infant/child nutrition	.2697	.033*	63
Effectively meeting a crying baby's needs	.2909	.021*	63
Teething	.2613	.039*	63
Coping with a sick baby	.2757	.030*	62

Note: * indicates a p significant at the 0.05 level.

Table 34

Spearman r Correlations of Adjustment to Motherhood at Time of P.S.P. Service With Concerns Profile Variables

Concerns Profile Variable	r	p	n
Breast & bottle feeding	.1553	.232	61
Understanding stages of baby's physical development	-.1663	.196	62
Understanding stages of baby's emotional development	-.1398	.279	62
Understanding stages of baby's intellectual development	-.2447	.055	62
Regulating demands of partner, housework, children	.2339	.040*	60
Adjusting to parenthood	.3633	.001*	60
Finding time for oneself	.2574	.024*	60
Dealing with difficult feelings that parents have	.3956	.001*	59
Dealing with own responses when baby cries	.4106	.000*	59
Father's role with baby	.2342	.037*	60

Note: * indicates a p significant at the 0.05 level.

Table 35

Spearman r Correlations of Adjustment to Motherhood at Time of Survey With Concerns Profile Variables

Concerns Profile Variable	r	p	n
Breast & bottle feeding	.2716	.034*	61
Understanding stages of baby's physical development	-.2653	.037*	62
Understanding stages of baby's emotional development	-.2881	.023*	62
Understanding stages of baby's intellectual development	.3223	.011*	62
Regulating demands of partner, housework, children	.3102	.008*	60
Adjusting to parenthood	.2658	.022*	59
Finding time for oneself	.3178	.006*	60
Dealing with difficult feelings that parents have	.2041	.079	59
Dealing with own responses when baby cries	.2554	.028*	59

Note: * indicates a p significant at the 0.05 level.

Table 36

Spearman r Correlations of Child's Temperament Rating at Time of P.S.P. Service With Concerns Profile Variables

Concerns Profile Variable	r	p	n
Regulating demands of partner, housework, children	.2219	.051	59
Adjusting to parenthood	.2937	.010*	58
Finding time for oneself	.2862	.012*	59
Dealing with own responses when baby cries	.3335	.003*	58
Dealing with difficult feelings parents have	.3448	.002*	58
Father's role with baby	.2342	.037*	60
Teething	.0144	.898	61
Baby's patterns and schedules	.2320	.038*	61

Note: * indicates a p significant at the 0.05 level.

Table 37

Spearman r Correlations of Child's Temperament Rating at Time of Survey With Concerns Profile Variables

Concerns Profile Variable	r	p	n
Regulating demands of partner, housework, children	.2596	.029*	59
Adjusting to parenthood	.0804	.498	58
Finding time for oneself	.1434	.228	59
Dealing with own responses when baby cries	.1267	.286*	58
Dealing with difficult feelings parents have	.1058	.372	58
Father's role with baby	.0948	.418	59
Teething	.2485	.033*	61
Baby's patterns and schedules	.0266	.820	61

Note: * indicates a p significant at the 0.05 level.

Table 38

Spearman r Correlations of Desired Length of P.S.P. Contact With Concerns Profile Variables

Concerns Profile Variable	r	p	n
Dealing with own responses when baby cries	.2555	.030*	56
Return of figure to normal	.2412	.040*	57
Dealing with difficult feelings parents have	.2338	.045*	57
Sexual relations with partner	.2341	.045*	56

Note: * indicates a p significant at the 0.05 level.

Table 39

A Summary Listing of Correlations of Variables On the Family Profile With Variables on the Concerns Profile

Family Profile Variable (correlated with)	Concerns Profile Variable
1. Increased age of infant	Increased concern about infant hygiene; Decreased concern about infant patterns and return of figure to normal.
2. Higher ratings of infant health status at time of survey	Increased concern about emotional & intellectual development.
3. Increased level of parental education	Increased concern about physical, emotional, & intellectual development; Decreased concern about a sick baby.
4. Increased number of child-rearing books read before baby's birth	Increased concern about intellectual development; Decreased concern about a crying baby.

Table 39 (cont.)

5. Increased number of child-rearing books read after baby's birth	Increased concern about leaving baby with sitter; Decreased concern about a crying baby.
6. Increased length of residence in city before infant's birth	Increased concern about infant nutrition, crying, teething, & sick baby.
7. Increased difficulty with adjustment to motherhood at time of P.S.P. service	Increased concern about regulating demands, adjusting to parenthood, time for oneself, own responses when baby cries, difficult feelings & father's role with infant.
8. Increased difficulty with adjustment to motherhood at the time of the survey	Increased concern about breast & bottle feeding, regulating demands, adjusting to parenthood, time for oneself, own responses when baby cries, dealing with difficult feelings that parents have; Decreased concern about physical, emotional, and intellectual development.

Table 39 (cont.)

9. The more difficult the temperament of the infant at the time of the P.S.P. service	Increased concern about regulating demands, adjusting to parenthood, time for oneself, own responses when baby cries, father's role with infant.
10. The more difficult the temperament of the infant at the time of the survey	Increased concern about regulating demands, teething.
11. The longer the length of time desired to maintain P.S.P. contact	Increased concern about own responses when baby cries, return of figure to normal, dealing with difficult feelings, sexual relations.

Note: Correlations reported are a summary of data obtained through use of the Spearman r.

CHAPTER VI

DISCUSSION

In the beginning of this study, five research questions were raised:

(1) What were the common characteristics of parents who received P.S.P. service between September, 1983 and September, 1984?

(2) What were the perceived concerns of this population in regards to services that a P.S.P. volunteer parent may provide?

(3) Was there a relationship between characteristics of the parents and the amount of concern?

(4) Was there a relationship between characteristics of the parents and the type of concerns?

(5) Was there a relationship between specific parental characteristics with other parental characteristics?

Following is a discussion of the findings of this study regarding those five questions.

In response to research question number one, this study has provided a broad description of many of the common characteristics of the population of P.S.P. recipients served from September, 1983, through September, 1984. These common characteristics, examined on the Family Profile, have been reviewed earlier in this paper. In summary, this was the first child for 76 of the respon-

dents. Sixty-nine percent of the mothers were between 19 and 29 years of age. All of the respondents were Caucasian, and 98% were married. Although 70% of the mothers were unemployed, 74% reported a yearly income of more than $20,000. This was a highly educated population who had not read many childrearing books nor attended many child care classes.

The majority of the respondents indicated positive feelings about their labor experiences, adjustment to motherhood, temperaments of their children, and the health of their children. It is interesting to note that there were fewer negative responses at the time of the survey than at the time of the P.S.P. service to the questions regarding maternal adjustment and child temperament. At the time of the P.S.P. service, 11 mothers reported adjustment as difficult. Only 3 reported adjustment as difficult at the time of the survey. One of these mothers had previously reported adjustment difficult, one mother had previously reported adjustment as easy, and the other mother had not given any indication as to the level of adjustment at the time of volunteer service. At the time of the P.S.P. service, 11 mothers rated their childs' temperaments as difficult. Four mothers rated their childs' temperaments as very difficult. However, at the time of the survey, only one mother rated her child's temperament as difficult. This mother had previously rated her child's temperament as very easy. This mother is also one of the previously mentioned mothers who

rated her adjustment as more difficult at the time of the survey than at the time of the service. No one rated their child's temperament as very difficult at the time of the survey. This study did not attempt to discover cause and effect, but did determine relationships. The decreased negative feelings with increased infant age could have been due to a variety of reasons. Some of the infants may have developed more regular sleeping and eating patterns, thus improving the mothers' perceptions of the infants' temperaments. Increased length of experience with child care may have promoted role adaptation; thus improving the mothers' perceptions of adjustment to motherhood. The decreased frequency of negative responses may also have been a benefit of the volunteer parent service. The larger, ongoing experimental research project is attempting to gather further information on this subject. The few mothers who were expressing more negative responses at the time of the survey than at the time of the P.S.P. service may have had more difficult children or may have had other stressors in their lives impinging on the mother-infant interactions.

Another common characteristic was for the respondents to indicate very favorable responses to the quality of the P.S.P. service. At least 90% of the mothers reported feeling comfortable with the volunteer parent and also indicated that the parent really understood their concerns. Ninety-one percent of respon-

dents would recommend the service to a friend. This seems to indicate that the support service is viewed as beneficial by the recipients.

Following is a discussion of question number two of the study, which addressed the perceived concerns of this population. These concerns have been briefly discussed and rank ordered earlier in this paper. The most common concerns were regarding infant care, rather than mother's personal needs. Respondents listed greater concern with baby's stimulation, safety, sickness, stages of development, and nutrition. They expressed least concern with sexual relations, weaning, breast care, returning to work, and infant habits.

Different factors may have influenced how the respondents perceived the various questions. The age of the infant probably affects the type of parental concern. Many of the infants were too young, at the time of the questionnaire, to be weaned; therefore, respondents would have had fewer concerns about weaning and infant habits. These areas may or may not become areas of greater concern at a later date. Less than 50% of these mothers were working at the time they responded to the questionnaire, possibly accounting for the low rate of concern about returning to work. Respondents were not asked about the length of their marriage. Marriage stability might, at least in part, account for the low rate of concern regarding father's role with baby, sexual

relations, and changing relationships with spouse. These are but a few of the factors which may have impacted upon the ranking of the concerns.

As previously discussed, three combined concern scores were calculated for each respondent. There were a total of 31 concerns on the questionnaire. If a respondent expressed a large concern in all areas she would have received a score of 62. If she had no concerns she would have received a score of 0. The mean total concern score was 37.5. Seventeen of the 31 concerns were regarding infant care, with a possible score between 0 and 34. The mean score for infant concerns was 22.5. Fourteen of the 31 concerns were regarding mothers' own needs with a possible score between 0 and 28. The mean score for mothers' concerns was 15.5. Implications for both nurses and P.S.P. volunteers might be to find ways to provide increased information to new parents regarding infant care, especially in the areas receiving highest concern scores in this study: stimulation, safety, sickness, child development, and nutrition.

Question number three asked if there were a relationship between characteristics of the parent and the amount of concern. This also has been discussed in depth earlier in this study. Characteristics on the Family Profile were correlated with the three concern scores on the Concern Profile through the use of the Spearman's Rho test. Respondents with higher total concern scores

rated the temperament of their children as more difficult and their own adjustment to motherhood as more difficult. It should also be noted that respondents who received higher concern scores regarding mothers' needs also rated their childrens' temperaments as more difficult, their own adjustment to motherhood as more difficult, and the health of their infants as more negative. These characteristics were not at a .05 level of significance in regards to infant concerns. Ventura (1982) also found a correlation between parent coping behaviors, parent functioning, and infant temperament. Perhaps the P.S.P. volunteer parents and nurses need to continue to assist parents in learning more about the specific behavioral characteristics of their infants, as well as providing them with information on ways to deal with these different infant patterns. Research by Brazelton (1979), Anderson (1981), and Dean, Morgan, and Towle (1982) would support this type of endeavor.

In this study there were two statistically significant correlations between respondent characteristics and infant concern scores: (1) the older the infant at the time of the first P.S.P. contact, the higher the infant concern score, and (2) the longer the length of residence, the higher the infant concern score. The first correlation, increased infant concerns with increased infant age at the time of the first contact, may have implications regarding when the volunteer parent plans to initiate contact with new

parents. Forty percent of the respondents in this study received initial contact when the child was fourteen days of age or older. Further research could be conducted to determine if prenatal or very early postnatal contacts might reduce the amount of parental concern regarding infant care. The second correlation, increased amount of infant concerns with increased length of residence was an unexplained and unanticipated finding. Perhaps the mothers who have lived in the city over five years had already established strong relationships with family and friends and therefore, had a more difficult time establishing themselves in an autonomous new role. Maybe these mothers had not had many experiences with changes in their lifestyle and, therefore, had difficulty adjusting from a dyad to a triad family relationship. It would be necessary to investigate this in more depth in a future study to determine a possible cause and effect relationship.

Question number four asked: Was there a relationship between characteristics of the parents and the type of concern? Characteristics on the Family Profile were correlated with variables on the Concerns Profile through the use of the Spearman's Rho test. These findings have been briefly discussed earlier in this paper. The following characteristics of the parent or the infant all demonstrated a statistically significant correlation with different variables on the Concerns Profile: (1) infant age, (2) level of education, (3) length of residence, (4)

number of childrearing books read, (5) perception of adjustment to motherhood, (6) infant's health status, (7) infant's temperament, and (8) desired length of P.S.P. contact. Different characteristics demonstrated significant correlations with different concerns at various times. Data from this study indicated a p significant at the .001 and .000 level for the correlations of adjustment to motherhood with adjusting to parenthood, dealing with difficult feelings that parents have, and dealing with own responses when baby cries. According to Sprinthall (1982) this demonstrates a substantial relationship. This has implications when either nurses or P.S.P. volunteers work with new parents. These concerns need to be addressed. Although information obtained from this study cannot be generalized to all new parents, it does indicate the need to assess each individual parent and infant in regards to a great number of variables such as educational level, age, health, temperament, preparation, and their own perceptions of the situation. Even though respondents demonstrated some commonalities in characteristics and concerns, education and support must be tailored to individual needs.

In this population, there was a statistically significant relationship between increased level of schooling and increased concern regarding child development. Perhaps the more educated the mother, the more she realizes how complex child development is, and this could then lead to increased concerns. It may be

that nurses and the P.S.P. volunteers need to advise these parents about how to gain additional information regarding child development, such as through books or parent education classes. These respondents also indicated a decreased concern regarding infant crying with increases in the number of childrearing books read. It is possible that through reading these mothers learned ways in which to deal with infant crying. Perhaps new parents need to be provided with access to an increased amount of literature regarding infant needs and characteristics and then be taught what to do with the increased information.

Those respondents of this study who indicated increased difficulty with adjustment to motherhood also indicated increased concern regarding regulating family demands, adjusting to parenthood, finding time for oneself, dealing with own responses when the baby cries, and dealing with difficult feelings that parents have about the parental role. Nurses and P.S.P. volunteers may need to help new mothers take a look at their schedules and demands in order to help them plan ways to deal with difficult feelings and to also find needed time for themselves. The objective would be for mothers to attain comfort in the new role of motherhood. Part of role supplementation is role modeling, and the use of reference groups. Nurses and P.S.P. volunteers may provide the needed role models for new parents, thus making the adjustment to motherhood easier.

Other statistically significant relationships were demonstrated regarding infant temperament. As respondents indicated increased difficulty with infant temperaments, there was an increase in amount of concern regarding regulating family demands, adjusting to parenthood, finding time for oneself, and dealing with own responses when the baby cries. Also, with increased difficulty in temperament came a decrease in concern regarding emotional and intellectual development. Research by Egeland and Sroufe (1981) indicated that the quality of attachment was affected by infant temperament. This decrease in concern regarding emotional and intellectual development may be an indication of potential problems in attachment. Parents who perceive their child's temperament as more difficult may have a more difficult time assimilating their new parental role. Brazelton (1979) has indicated that infants have inherently different characteristics at birth which affect their behavior and response to stimuli. These characteristics affect the mother's response to her infant. Informing the mothers about the behavioral characteristics of their infants is an effective means of enhancing the interaction between mother and infant (Avant, 1981). Community health and postpartum nurses, as well as P.S.P. volunteers, could develop methods of teaching mothers more about their infant's individual characteristics, thus enhancing the interaction between mother and infant (Anderson, 1981).

Respondents who indicated the desire for increased length of P.S.P. contact also indicated increased concern regarding dealing with own responses when baby cries, return of figure to normal, dealing with difficult parental feelings, and sexual relationships. It is interesting to note that these concerns are in regards to mother's own needs, rather than infant needs. Did the respondents who desired increased length of P.S.P. contact need different information and support from the volunteer parent than the respondents whose concerns were mostly in regards to infant needs? Did this group of mothers need more "mothering" themselves? Was this a group of mothers with a poor support system? These are questions that would need to be answered through further research.

Question number five asked: Was there a relationship between specific parental characteristics with other parental characteristics? Variables on the Family Profile were correlated with other variables on the Family Profile through the use of the Spearman's Rho test. Following is a discussion of those correlations of a .05 statistical significance level. Results from this study indicated that mothers who read more books prior to the birth of their infants rated their own adjustment to motherhood and their infant's temperaments as easier. These findings are supported by other research indicating that imparting to parents basic knowledge of infant behavior is a crucial precursor to later

parenting success (Boger, Richter, & Weatherston, 1983). It would seem that both nurses and P.S.P. volunteers should attempt to become knowledgeable in regards to current parenting literature and to devise means of disseminating this information to new and expecting parents. It also seems to indicate the benefits of providing information to parents prior to the birth of their infant. Perhaps there is a need for nurses to increase the accessibility and credibility of these type of classes as a benefit to expectant parents.

Data from this study showed a correlation between perceptions of the birth experience with adjustment to motherhood, perceptions of infant health, and rating of infant temperament. Research by Curry (1983) and Mercer (1981) support these findings. Nurses and P.S.P. volunteers need to find ways to promote a positive perception of the birth experience. Perhaps this could be done by finding out the differences between positive and negative perceptions in a future study. The question would be: "What does constitute a negative birth experience and what does constitute a positive birth experience?"

This research also showed correlations between the perceived temperament of the infant with the perceived health of the infant, and the adjustment to motherhood. These correlations, significant at the .000 to .007 level, are some of the strongest correlations of this study. They demonstrate a substantial relationship

(Sprinthall, 1982). As previously noted, research by Egeland and Sroufe (1981) indicated that the quality of attachment was affected by infant temperament. Also, as previously discussed, research by Ventura (1982), Brazelton (1979), Anderson (1981), and Dean, Morgan, and Towle (1982) all support the idea of providing new mothers with information regarding infant characteristics. The benefit of this added information is to enhance interactions between mother and infant, thus promoting the quality of attachment.

One last interesting but unanticipated finding was in regards to length of residence. The correlation between the infant concern score and length of residence was discussed earlier in response to question number three. Now it should be noted that length of residence also showed a significant correlation with other parental characteristics. The greater the length of residence in the city prior to the infant's birth, the more negative the rating of the birth experience, the relationship with their own parents, the adjustment to motherhood, and the temperament of the child. These findings are not explained in this research study. To obtain the answer to the question of why this correlation existed with this population, it would be necessary to conduct another research study.

This discussion will now proceed to examine some of the strengths and weaknesses of the study. First, it must always be remembered that this was not a random sample of new mothers, but rather a survey of all mothers who were recipients of the P.S.P. volunteer parent program from September, 1983 to September, 1984. Conclusions drawn from this study should, therefore, not be applied to the total population of new mothers, even though many of the findings are supported by other previous research projects. It is also important to consider the method of research. Information was obtained through mailed questionnaires. Research has shown that non-respondents to a questionnaire may have higher levels of crisis than respondents (Russell, 1974). Therefore, the total population of P.S.P. recipients may have more negative feelings than those expressed by the respondents regarding many of the questions. They may also have had a larger number of concerns. Lastly, the questionnaires used for this study were developed by the researcher for use in this study, and they have not been validated by other researchers.

A discussion of some of the strengths of the study follows. Sixty-three percent of the questionnaires were answered and returned by the recipients, therefore, a large percentage of the P.S.P. recipients served from September, 1983, through September, 1984 were sampled. A pilot study was conducted, at which time many of the problems with the questionnaires were resolved. Phone

call attempts were made to all subjects, at which time they were allowed to ask questions about the research project and to also make comments about the P.S.P. program. The telephone calls probably increased the rate of return. Through the telephone calls three parents who needed and received further immediate support and assistance were detected; appropriate follow-through was initiated. Finally, the research was coordinated at all times with the larger ongoing research project as well as with the coordinator of the P.S.P. program.

Future areas for research have been discussed in previous sections of this paper when the research questions were addressed. They included: (1) studies into relationships regarding length of residence, (2) benefits of the P.S.P. volunteer program, (3) finding ways to increase delivery of information regarding child development and infant behavior to parents, and (4) finding ways to promote a positive perception of the birth experience. Finally, it seems that continued and ongoing research and evaluation of the P.S.P. program in regards to characteristics and concerns of the recipients should be conducted to improve the effectiveness of the services offered.

In summary, it should be noted that the population of P.S.P. recipients demonstrated a large number of common characteristics and concerns. Many characteristics also showed statistically significant correlations with amount of concerns as well as with

specific concerns. This study has provided a base of information regarding recipients' characteristics and concerns, from which future research studies and support services may be conducted.

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APPENDICES

APPENDIX A

INFORMATIONAL LETTER #1

BLODGETT MEMORIAL MEDICAL CENTER
PARENTS SUPPORTING PARENTS STUDY

Dear Parents,

Over the past decade there has been increased interest about the capabilities of newborns and the importance of family relationships. Hospitals, Health Departments, and Volunteer Helper programs have long been involved in providing educational and supportive services to families with new babies. Just what these "educational and supportive services" should include and how beneficial they really have been, are questions that must be answered.

Parents Supporting Parents, Inc., in conjunction with Blodgett Memorial Medical Center and Grand Valley State College, is evaluating the effect of one of those "educational and supportive services": the use of a volunteer parent. Because you have been in touch with a volunteer parent, we are asking for some of your opinions about this service. We hope that the information and suggestions you give us will improve our ability to meet the needs of new families in our area.

In 3-5 days, you will receive two questionnaires. One is a "Family Profile" which will provide us with some basic descriptive information. The second form is a "Concerns Profile". This form is intended to identify: (1) areas of concern to new parents and (2) questions you might have asked a volunteer parent. This information will be used to help us improve our services to you and/or new families. You will also be receiving a followup telephone call in approximately two weeks, to thank you for your assistance.

The return of your questionnaires will be considered confirmation of your consent to use the information you provide in our evaluation process. Please call any questions to Nancy Bachelder, B.A., M.A.T., (Coordinator of Parents Supporting Parents) at 247-1373 or 774-3940, or to Joyce Derhammer, R.N. (Master's Nursing Student, Grand Valley State College) at 846-2769.

Any information you provide will be entirely confidential and anonymous. Thank you.

Sincerely,

Joyce Derhammer, R.N.

Nancy Bachelder, P.S.P. Coordinator

APPENDIX B

LETTER OF INFORMATION #2
(Sent with questionnaires)

BLODGETT MEMORIAL MEDICAL CENTER
PARENTS SUPPORTING PARENTS STUDY

Dear Parent:

A few days ago you received a letter informing you that we would be contacting you with two questionnaires. The information obtained will be used to improve the services offered by our volunteer parents. At this time we want to encourage you to complete the enclosed forms and return them in the postage paid envelope as soon as possible. We want to remind you that you are not to place your name on the questionnaires or envelope. In this way, we can guarantee you complete confidentiality and anonymity. In approximately one week you will receive a followup phone call thanking you for your efforts. Return of the questionnaires will be considered as your consent to use the information provided in our evaluation process. If the results of this evaluation process are ever published, we wish to assure you that it would be impossible to track the information back to specific persons. If you have any questions, please call Nancy Bachelder, Parents Supporting Parents Program Coordinator at 247-1373 or 774-3940; or Joyce Derhammer, R.N., nursing graduate student, Grand Valley State College, at 846-2769.

Sincerely,

Joyce Derhammer, R.N.

Nancy Bachelder, P.S.P. Coordinator

APPENDIX C

CONCERNS PROFILE

This questionnaire is to help us learn more about the concerns you have/have had in caring for your baby, for whom you received a Volunteer Parent. The information that you share will be used to help us improve our services to you and/or new families. All answers will be kept confidential and anonymous.

All parents have some areas of concern. Since the birth of your infant, how much of a concern have the following areas been for you?

PLEASE PLACE AN "X" IN THE APPROPRIATE COLUMN.

	LARGE CONCERN	SMALL CONCERN	NOT A CONCERN
BABY'S NEEDS			
1. Understanding the stages of baby's physical development?			
2. Understanding the stages of baby's emotional development?			
3. Understanding the stages of baby's intellectual development?			
4. Understanding the stages of baby's language development?			
5. Playing with and stimulating a baby?			
6. Breast and bottle feeding?			
7. Infant/child nutrition?			
8. Weaning from breast or bottle?			
9. Effectively meeting crying baby's needs?			
10. Hygiene (diaper rash, baths)?			
11. Teething?			
12. Baby's patterns and schedules?			
13. Coping with a sick baby?			
14. Baby safety and common accidents?			

	LARGE CONCERN	SMALL CONCERN	NOT A CONCERN
15. Leaving child with a sitter?			
16. Limit setting and discipline?			
17. Habits (thumb sucking, crib rocking, etc.)?			
MOTHER'S NEEDS			
18. Physical needs after delivery (flow, stitches, constipation)?			
19. Breast care?			
20. Exercise after delivery?			
21. Return of figure to normal?			
22. Fatigue?			
23. Regulating demands of partner, housework, children?			
24. Adjusting to parenthood?			
25. Finding time for oneself?			
26. Dealing with own feelings and responses when baby cries?			
27. Dealing with difficult feelings that parents have?			
28. Father's role with baby?			
29. Sexual relations with partner?			
30. Changes in relationship with partner?			
31. Returning to work?			

APPENDIX D

Family Profile

This questionnaire is to help us obtain general background information about yourself. The information that you provide will help us to better plan our services to you and/or new parents. The questions refer to the child for whom you received a volunteer parent. If you have more children, please respond in regards to the child for whom you received the volunteer parent. All answers will be kept confidential and anonymous.

Please state how old your child is now, in months _____.

Please state your child's age in days at the time of your first contact with your volunteer parent _____.

Please state the age in weeks of your child at the time the volunteer parent support service was discontinued _____.

1. What was your age at the time of this infant's birth?
   (1) ____ under 18 (3) ____ 25-29 years (5) ____ 35-39 years
   (2) ____ 19-24 years (4) ____ 30-35 years (6) ____ 40 years or over

2. What was your marital status at the time of this infant's birth?
   (1) ____ Married (2) ____ Single (3) ____ Divorced (4) ____ Widowed

3. What is your marital status now?
   (1) ____ Married (2) ____ Single (3) ____ Divorced (4) ____ Widowed

4. What level of school had you completed at the time you received the volunteer parent?
   (1) ____ 0-8th grade (3) ____ some college
   (2) ____ 9-12th grade (4) ____ Bachelor's degree or higher

5. Was the child for whom you received a volunteer parent your first child?
   (1) ____ yes (2) ____ no

   6. If no, how many children did you have living with you when you received the volunteer parent?
      ____ 1 ____ 2 ____ 3 ____ 4 or more

7. How many children do you have living with you at this time?
   ____ 1 ____ 2 ____ 3 ____ 4 or more

8. How would you describe yourself?
   (1) ____ Caucasian (4) ____ Spanish American
   (2) ____ Asian (5) ____ American Indian/Indian
   (3) ____ Black (6) ____ Other
   Specify _____

9. How long have you lived in the present city prior to the birth of this baby?
(1) ____ less than six months (3) ____ 1-5 years
(2) ____ 6 months to one year (4) ____ over 5 years

10. Was your household income more ____ or less ____ than $20,000 yearly at the time you received your volunteer parent?

11. Is your household income more ____ or less ____ than $20,000 yearly now?

12. What was your occupational status while your child was less than four months old?
mother: (1) ____ unemployed (2) ____ employed outside the home.
father: (1) ____ unemployed (2) ____ employed outside the home.

13. What is your current occupational status?
mother: (1) ____ unemployed (2) ____ employed outside the home.
father: (1) ____ unemployed (2) ____ employed outside the home.

14. Prior to the birth of this infant, had you ever been responsible for the care of a new baby other than occasional babysitting?
(1) ____ yes (2) ____ no

15. Have you ever had a course in infant/child care? (1) ____ yes
(2) ____ no

16. If yes to #15, was this course taken
(1) ____ in college? (3) ____ expectant parent classes?
(2) ____ in high school? (4) ____ Other? Please specify
_____

17. How many books about children or aspects of childrearing did you read before the baby's birth?
(1) ____ none (2) ____ 1-2 (3) ____ 3-5 (4) ____ 6-10 (5) ____ over 10

18. How many books about children or aspects of childrearing did you read after the baby's birth?
(1) ____ none (2) ____ 1-2 (3) ____ 3-5 (4) ____ 6-10 (5) ____ over 10

19. How would you rate this labor and delivery?
(1) ____ very positive (2) ____ positive (3) ____ neutral
(4) ____ negative (5) ____ very negative

20. How would you rate your childhood relationship with your parents?
(1) ____ very positive (2) ____ positive (3) ____ neutral
(4) ____ negative (5) ____ very negative

21. Who provided you the most support during the first four months following the birth of your infant?
(1) ____ spouse/partner (4) ____ friend
(2) ____ your/partner's parent (5) ____ other
(3) ____ relative other than parent specify _____

22. Who provides you the most support at the present time?
(1) ____ spouse/partner (4) ____ friend
(2) ____ your/partner's parent (5) ____ other
(3) ____ relative other than parent specify _____

23. How would you rate the temperament of your child during the time you were receiving the services of a volunteer parent?
(1) ____ very easy (2) ____ easy (3) ____ average
(4) ____ difficult (5) ____ very difficult

24. How would you rate the temperament of your child at the present time?
(1) ____ very easy (2) ____ easy (3) ____ average
(4) ____ difficult (5) ____ very difficult

25. How would you rate your own adjustment to the role of motherhood during the time you were receiving the services of a volunteer parent?
(1) ____ very easy (2) ____ easy (3) ____ average
(4) ____ difficult (5) ____ very difficult

26. How would you rate your own adjustment to the role of motherhood at the present time?
(1) ____ very easy (2) ____ easy (3) ____ average
(4) ____ difficult (5) ____ very difficult

27. How would you describe the health of your infant during the time you were receiving the services of a volunteer parent?
(1) ____ better than average (2) ____ average (3) ____ less than average

28. How would you describe the health of your infant at the present time?
(1) ____ better than average (2) ____ average (3) ____ less than average

29. About how many times have you had telephone contact with your volunteer parent since the birth of your baby?
(1) ____ 0-5 times (3) ____ 11-15 times (5) ____ 21-25 times
(2) ____ 6-10 times (4) ____ 16-20 times (6) ____ over 25 times

30. About how many times have you had home visit contact with your volunteer parent since the birth of your baby?
(1) ____ 0-5 times (3) ____ 11-15 times (5) ____ 21-25 times
(2) ____ 6-10 times (4) ____ 16-20 times (6) ____ over 25 times

31. Do you think being in the Parents Supporting Parents Program changed the way you take care of your baby?
    (1) ____ changed for the better
    (2) ____ no change
    (3) ____ change for the worse

32. Do/did you feel comfortable with the volunteer parent?
    (1) ____ always (2) ____ most of the time (3) ____ half the time
    (4) ____ seldom (5) ____ never

33. Do/did you feel that the volunteer parent really understands/understood your concerns?
    (1) ____ always (2) ____ most of the time (3) ____ half the time
    (4) ____ seldom (5) ____ never

34. How long would you like/have liked to maintain/have maintained regular contact with your volunteer parent?
    (1) ____ 0-3 months (3) ____ 7-9 months (5) ____ over 12 months
    (2) ____ 4-6 months (4) ____ 10-12 months

35. Would you recommend the Parents Supporting Parents Program to a friend who was having a baby?
    (1) ____ yes. Why?_____
    (2) ____ no. Why?_____

36. Do you have any other comments you would like to make about the Program?

APPENDIX E PHONE-CALL FOLLOWUP

EXAMPLE OF FORMAT FOR PHONE CALL FOLLOWUP

CALLER: Hello, my name is _____ (give name and title: P.S.P. researcher.)
I am calling you in regards to the questionnaires that were mailed to you 10 days ago from the Parents Supporting Parents Research Project. Have you received the questionnaires?

PARENT: Yes.

CALLER: Have you returned them?

PARENT: Yes.

CALLER: I wish to thank you for your time. This will help us to improve our program.

OR

If PARENT replied no:

CALLER: I would like to ask you to complete the questionnaires and return them within the next 2-3 days. We are trying to obtain information from as many parents as possible. We really need your comments so that we may improve our Parents Supporting Parents Program.

If the questionnaires were lost, the caller offered to mail a second copy of them.

APPENDIX F FOLLOWUP LETTER

Dear Parent:

Approximately 10 days ago we mailed you a letter and two questionnaires. In the letter we mentioned that we would be contacting you by telephone. Because we have not been able to do this, we are now taking the time to write and thank you for your assistance. If you have not yet returned the questionnaires, we encourage you to do so as soon as possible. The information provided will be used to improve the services offered by our volunteer parents. If you would like a second copy of the questionnaires please call Nancy Bachelder, P.S.P. Coordinator at 247-1373 or 774-3940; or Joyce Derhammer, R.N., G.V.S.C. student, at 846-2769.

Sincerely,

Joyce Derhammer, R.N.

Nancy Bachelder, P.S.P. Coordinator